

**Georgia Department of Community Health**  
***State Health Benefit Plan***  
**2 Peachtree Street, NW, 35<sup>th</sup> Floor**  
**Atlanta, Georgia 30303**  
**Phone Number: 404-463-5524**  
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**Consolidated Healthcare Strategy P0817**

**Addendum Number :   01   Dated: December 12, 2007**

Title of Procurement: **Consolidated Healthcare Strategy P0817**  
Requesting Agency: **Georgia Department of Community Health**  
SOQ Initially Posted to Internet: **December 3, 2007**  
Issuing Officer: **Tiffiney Ward**  
Telephone: **404-463-5524** e-mail: [tiward@dch.ga.gov](mailto:tiward@dch.ga.gov)  
SOQ Due Date: **December 17, 2007, 2:00 PM EST**

**The information provided below is made a part of this Statement of Qualifications (SOQ).**

This addendum is provided to clarify, amend, and/or include the identified portions of the SOQ.

**Question and Answer Response**

The Question and Answer responses are attached.

**Contract Termination/Renewal**

While the State Health Benefit Plan (SHBP) implements its multi-year business strategy, the SHBP may consider options to ease the transition of members' physician-patient relationships out of a staff model HMO. Offerors will receive additional information during phase 2, the Request for Approach (RFA) process.

**Partnerships**

In case the Offeror consists of a partnership or joint venture, the firm submitting the Statement of Qualification and Request for Approach will be considered the Primary Contractor and Offeror. The Offeror shall disclose the planned use of any subcontractor that will perform any activities for the projected services or work effort (in terms of costs) described in the RFA. Offeror or Primary Contractor is solely responsible for all work contemplated and required by the RFA, whether Offeror or Primary Contractor performs the work directly or through a subcontractor.

Offeror or Primary Contractor warrants that all staff used to meet the requirements identified in the RFA, including, but not limited to, programming and call center staff, shall not be from an

offshore location. Primary Contractor also warrants that such staff shall be located in the contiguous United States.

### **Ethics in Public Contracting**

Contractor understands, states, and certifies that it made its approach to the RFA without collusion or fraud and that it did not offer or receive any kickbacks or other inducements from any other Contractor, supplier, manufacturer, or subcontractor in connection with its approach to the RFA.

### **Statement of Qualification (Pass/Fail)**

The SOQ will be reviewed by the Issuing Officer to determine if Offeror's SOQ meets all of the requirements as identified. Offerors will receive a Pass/Fail rating on this review. **Offerors who fail one (1) of the Requirements will be eliminated from further consideration.**

**Exception statements and/or qualifying statements will not be considered in the review of the SOQ.**

### **NOTE: REVIEW CAREFULLY!**

In the event of a conflict between previously released information and the information contained herein, the latter shall control.

**A signed acknowledgment of this addendum (this page) should be attached to your SOQ response. A signature on this addendum does not constitute your signature on the original SOQ document. The original SOQ response must also be signed in the proper places.**

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Firm Name

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Signature

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Typed Name and Title

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Date